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Bib Data Sheet

CONFIRMATION NO. 6120

SERIAL NUMBER 10/803,575	FILING OR 371(c) DATE 03/17/2004 RULE	CLASS 514	GROUP ART UNIT 1625	ATTORNEY DOCKET NO. HDAC-5005-C1
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APPLICANTS

Jerome C. Bressi, San Diego, CA;
 Jason W. Brown, San Diego, CA;
 Sheldon X. Cao, San Diego, CA;
 Anthony R. Gangloff, San Diego, CA;
 Andrew J. Jennings, La Jolla, CA;
 Jeffrey A. Stafford, San Diego, CA;
 Phong H. Vu, San Diego, CA;
 Xiao-Yi Xiao, San Diego, CA;

**** CONTINUING DATA *******

This appln claims benefit of 60/455,437 03/17/2003 and claims benefit of 60/531,203 12/19/2003

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 04/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 95	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>Al-Ob</i> Examiner's Signature	Initials			

ADDRESS

32793

TITLE

Histone deacetylase inhibitors

FILING FEE RECEIVED 3024	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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